

(NLMA)

# CIRCULAR.

GEORGETOWN, KY., July 30, 1852.

*Dear Sir:*—It is known to you that the *American Medical Association*, at its last session, divided the United States into Districts, and appointed a Committee in each, for the purpose of collecting and reporting the histories of Epidemics in that District. The undersigned, the Committee appointed for Tennessee and Kentucky, feel that there is no need of showing the great advantage which will result to the whole country by the faithful execution of this work; or of demonstrating that there is no possible way of doing it without the co-operation of individuals in different sections of the District.

They feel perfectly assured that there is abundance of talents in the District which, backed by some industry and systematic labor, will furnish all the materials necessary to this enterprise, as well as to exhibit the profession in a very enviable light.

The Committee desire *carefully observed facts* upon any subject connected with Epidemics; but would suggest particular attention to the following heads, viz:

Causes supposed to have given rise to the Epidemic.

“ which favored its spread.

“ which retarded its progress.

Prophylactics.

Age, sex, color, employment, diet, and habits as to exposure and temperance, of those most liable.

Time and extent of its prevalence.

Prominent symptoms during its different stages.

Proportional mortality.—*Post mortem appearances:*

Treatment.

Medical Topography, including the nature and geological character of the soil—quality and average temperature of the springs and wells.

Meteorological Observations—mean monthly and annual temperature, weight, moisture, &c., of the atmosphere.

It is important that all cases treated be reduced to tables, (a form for which is annexed,) and returned with the reports.

To enable the members of the Committee to consult each other, and do justice to all parties, it is necessary that reports be made to some one of them, by the 15th of January each year for five years.

Now therefore, the Committee, having full confidence in your industry, zeal, correctness of observation, and professional pride, *will look to you* for a history of such Epidemics as may visit your county and its vicinity.

Should you not be willing to undertake the duties, be so good as to return this Circular immediately, that a substitute may be found.

W. L. SUTTON, M. D., Georgetown, Ky.

A. EVANS, M. D., Covington, Ky.

FRANK A. RAMSEY, M. D., Knoxville, Tenn.

THOMAS LIPSCOMB, M. D. Shelbyville, Tenn.

E. B. HASKINS, M. D., Clarksville, Tenn.



CIRCULAR

| Diseases.         |   | Color. | Number Attended. |    |    |           |    |    | Number Died. |    |    |        |    |    | Average time<br>of<br>Attendance. |  |  |
|-------------------|---|--------|------------------|----|----|-----------|----|----|--------------|----|----|--------|----|----|-----------------------------------|--|--|
|                   |   |        | Under 15.        |    |    | 15 to 40. |    |    | Over 40.     |    |    | Total. |    |    |                                   |  |  |
|                   |   |        | M.               |    | F. | M.        |    | F. | M.           |    | F. | M.     |    | F. |                                   |  |  |
|                   |   |        | M.               | F. | M. | F.        | M. | F. | M.           | F. | M. | F.     | M. | F. |                                   |  |  |
| Cholera,          | - | -      | White.           |    |    |           |    |    |              |    |    |        |    |    |                                   |  |  |
|                   | - | -      | Black.           |    |    |           |    |    |              |    |    |        |    |    |                                   |  |  |
| Cholera Infantum, | - |        | White.           |    |    |           |    |    |              |    |    |        |    |    |                                   |  |  |
|                   | - | -      | Black.           |    |    |           |    |    |              |    |    |        |    |    |                                   |  |  |
| Diarrhæa,         | - | -      | White.           |    |    |           |    |    |              |    |    |        |    |    |                                   |  |  |
|                   | - | -      | Black.           |    |    |           |    |    |              |    |    |        |    |    |                                   |  |  |
| Dysentery,        | - | -      | White.           |    |    |           |    |    |              |    |    |        |    |    |                                   |  |  |
|                   | - | -      | Black.           |    |    |           |    |    |              |    |    |        |    |    |                                   |  |  |
| Erysipelas,       | - | -      | White.           |    |    |           |    |    |              |    |    |        |    |    |                                   |  |  |
|                   | - | -      | Black.           |    |    |           |    |    |              |    |    |        |    |    |                                   |  |  |
| Fever—Bilious,    | - | -      | White.           |    |    |           |    |    |              |    |    |        |    |    |                                   |  |  |
|                   | - | -      | Black.           |    |    |           |    |    |              |    |    |        |    |    |                                   |  |  |
| Typhoid,          | - | -      | White.           |    |    |           |    |    |              |    |    |        |    |    |                                   |  |  |
|                   | - | -      | Black.           |    |    |           |    |    |              |    |    |        |    |    |                                   |  |  |
| Scarlet,          | - | -      | White.           |    |    |           |    |    |              |    |    |        |    |    |                                   |  |  |
|                   | - | -      | Black.           |    |    |           |    |    |              |    |    |        |    |    |                                   |  |  |
| Whooping Cough,   | - | -      | White.           |    |    |           |    |    |              |    |    |        |    |    |                                   |  |  |
|                   | - | -      | Black.           |    |    |           |    |    |              |    |    |        |    |    |                                   |  |  |
| Influenza,        | - | -      | White.           |    |    |           |    |    |              |    |    |        |    |    |                                   |  |  |
|                   | - | -      | Black.           |    |    |           |    |    |              |    |    |        |    |    |                                   |  |  |
| Measles,          | - | -      | White.           |    |    |           |    |    |              |    |    |        |    |    |                                   |  |  |
|                   | - | -      | Black.           |    |    |           |    |    |              |    |    |        |    |    |                                   |  |  |
| Small Pox,        | - | -      | White.           |    |    |           |    |    |              |    |    |        |    |    |                                   |  |  |
|                   | - | -      | Black.           |    |    |           |    |    |              |    |    |        |    |    |                                   |  |  |

State how many of the above cases were seen secondarily—in consultation or otherwise.